

**H.B. 843 Kentucky Commission on Services and Supports for Individuals  
With Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis  
July 1, 2003 Meeting Minutes  
100 Fair Oaks Lane  
Frankfort, KY**

**Commission Members Present:** Representative Mary Lou Marzian, Secretary Marcia Morgan, Commissioner Margaret Pennington, Sen. Dan Kelly, Rep. Bob Damron, Tricia Salyer, Wanda Bolze, Andrew Dorton, William Heffron, Rickie Dublin, David Mawn, Kalem Juett, Connie Payne, Robin Ritter, Jerry Whitley, Angela Wilkins, Chris Block, Commissioner Bruce Crump, Mary Ann Taylor, Nick Muller, Chris Block, Natalie Hutcheson, Rep. Charles Siler, Tara Parker.

**WELCOME**

- Co-Chair Representative Marzian called the meeting to order and made brief introductory remarks.
- Secretary Morgan welcomed the Commission members, and thanked everyone for attending. She reiterated that we are very fortunate to have such a cross-section of people working on substance abuse issues.

**MEMBER ROUNDTABLE DISCUSSION**

Co-Chair Representative Marzian opened the roundtable discussion with the question to members; *“What is the greatest challenge or question about Substance Abuse from your perspective?”*

Margaret Pennington, Department for Mental Health, opened by stating the greatest challenge is serving those persons who have mental health and substance abuse disorders. The majority of those people seeking treatment have co-occurring disorders and most of our programs are run separately. We need to do a better job integrating Mental Health and Substance Abuse programs along with the funding streams. The system needs to treat both illnesses concurrently.

Tricia Salyer, Medicaid, affirmed that in addition to program and funding integration, addressing the need for additional staff training when dealing with multiple disorders is also needed.

Rickie Dublin, KYCAN, expressed his concern that in his region a frequent problem is dual diagnosis and self-medicating. A lot of the people use alcohol and other drugs to treat their depression. This results in a substance abuse problem along with mental illness.

David Mawn, KYASAP, stated that communities need to know what services are available to them and many times the services needed are not available. A lot of the families and individuals that need services don't know where to locate them.

Tara Parker, Cabinet for Families and Children, stated that the challenges she sees are trying to obtain information on Substance Abuse and the need for agencies to share information and data, and blending funding streams. Very little data is reported on these issues and a lot of it is self reported. Because Tara serves on the KYASAP Board, they have set up a special task force to look into how agencies can better share and exchange information.

Kalem Juett, Office of Transportation Delivery, expressed a need to better educate people and staff, on Substance Abuse issues.

Connie Payne, Drug Courts, confirmed that funding is the greatest issue facing her program. Because the Drug Court Program is not state sustained, and is solely reliant on grants. The funding is not just for drug courts themselves but also to provide treatment services.

Robin Ritter, Vocational Rehabilitation, articulated that their greatest challenge is the limited availability of treatment for persons with dual diagnosis. The results of a recent survey reflect that there is a lack of treatment for people who have suffered a Traumatic Brain Injury and suffer substance abuse issues.

Jerry Whitley, Office of Aging, expressed that the elderly have difficulty accessing available services and overcoming barriers in obtaining services. The majority of the elderly are on many prescription drugs so if they combine those with alcohol it becomes a real problem. It is also more difficult to identify the elderly who suffer from substance abuse problems because a lot of them are alone and don't have family members who might recognize when a problem exists.

Angela Wilkins, Department of Education, conveyed a need for greater partnership among schools, family and community when addressing substance abuse issues. One size does not fit all, what is a successful treatment in one area of the state may not be appropriate in all areas of the state. Treatments need to be based on research outcomes.

Natalie Hutcheson, Kentucky Housing Corporation, confirmed that lack of funding in providing adequate transitional housing for the substance abuse population is challenging. It's much more difficult to get the funds to provide transitional housing options because these programs are large and ongoing.

Nick Muller, Criminal Justice Council, acknowledged that greater interagency interaction is needed in coordinating funding streams and eliminating over lapping use of funds. Commissions, councils, groups, etc. should stay on top of what the other is doing so funds can be better allocated.

Chris Block, Department of Corrections, addressed the funding issue to support the drug and alcohol treatment services for criminal justice offenders. Approximately 60% of the incarcerated offenders have alcohol or drug abuse issues and the system is only able to treat roughly 20% of those.

Wanda Bolze, Regional Planning Council Representative, stressed that funding is needed to keep individuals in treatment longer to prevent relapse occurrences. Funding options need to be explored to keep individuals in treatment for a greater length of time.

Bill Heffron, Department of Juvenile Justice, review of survey results indicate that 90% of adolescents abuse drugs, and there are very inadequate services targeted for the youth population in the state. He expressed the importance of expanding these services.

Dan Kelly, Senator, introduced Brian Sunderland who will be attending the Commission meetings representing he and Charlie Borders in their absence. He stated that he doesn't really have a perspective as a Senator, but because of his work as a small town attorney, he has witnessed all of the problems that have been mentioned first hand. Senator Kelly stated that far too many people are being incarcerated that could be dealt with more effectively and efficiently through treatment options, if the treatment infrastructure were there. Relapse is apparent in untreated criminals. This is the area in which he would like to be involved and see studied for future solutions.

Marcia Morgan, Secretary Cabinet of Health Services, feels the continuum of treatment resources and increased capacity for treatment needs to be evaluated. Re-examination of the system to combine Mental Health and Substance Abuse issues is essential. We could then seek the funding necessary to provide proper treatment options based on those results.

Mary Lou Marzian, Representative, strongly believes that substance abuse treatment needs to be set as a high priority when treating Mental Health issues. It's difficult to set this as a high priority because people attach a stigma to substance abuse instead of recognizing it as a brain disease. The treatments need to be expanded, and are research-based treatments with proven outcomes.

### **Overview of Substance Abuse Treatment in Kentucky – Infrastructure and Treatment**

*Karyn Hascal, Division of Substance Abuse*

- Most substance abuse services are delivered through the Regional Mental Health Boards.
- Approximately 65% of services are funded by the SAPT Block Grant.
- Oversight and direction is provided by the Division of Substance Abuse.
- Research has shown that detoxification alone is not effective. Longer stays equal better outcomes.
- Reducing the stigma of addiction within the community is critical.
- Recognize addiction as a brain disease.
- Assist recovering addicts in reconnecting with their communities.
- ❖ *See meeting handout for additional information*

### **Kentucky Drug Courts: An Overview**

*Connie Payne, Drug Court Manager, Administrative Office of the Courts*

- The mission of the drug courts are to provide a court-supervised treatment alternative that stops illegal drug use and drug-related crime and promote a positive life change through education and treatment.
- Statistics show that drug court graduates have significantly better outcomes than the no-treatment alternative and less relapse potential.
- The drug court system is solely funded by grants. The grants are becoming more difficult to secure.
- Fifteen Kentucky sites applied for the BJA grant funding for FY2002-2003 and only three sites were awarded.
- As of June 30, 2004 the Byrne grant will expire and 9 programs will close.
- As of March 31, 2005 the BJA grant will expire and 3 sites will close.
- ❖ *See meeting handout for additional information*

The current enrollment in the drug courts program is 901 persons. The cost to operate one adult drug court program is \$166,000 per year. The operational and treatment costs to operate a juvenile drug court are approximately \$50,000 per year.

Senator Kelly and Representative Damron posed the question: "How much money would be needed to fund drug courts statewide in all 120 counties vs. the cost of incarceration?" Rep. Damron pointed out that the drug courts have been very effective within the Juvenile Justice System and feels that their establishment is critical to the future of Kentucky. Senator Kelly reported that the building costs for a new state penitentiary would be \$100 Million. In addition, the annual operational costs would be \$20 Million. Representative Damron said that his district gets a lot of spillover from Fayette County but not the funding to provide services to the people.

In Eastern Kentucky, Congressman Rodgers has obtained money for a program called "Operation Unite" and is going to be giving drug courts \$1M to cover the eastern counties and fifth congressional district. Drug Courts have been working with the budget department to fund twelve of those counties.

## **Overview of Criminal Justice and Substance Abuse**

*Chris Block – Department of Corrections*

- 60% of felony offenders in Kentucky have Substance Abuse Issues.
- Treatment is provided to approximately 20% of these offenders; there is high demand for increased treatment options.
- There are primarily two types of offenders, the violent with severe personality disorders and the substance abuse offenders. The Department of Corrections wants to target the second group of offenders in providing treatment options.
- The 2002 costs associated with incarceration were \$17,670 per person housed in a facility vs. \$1350 per person average cost to supervise a person in the community.
- Fiscally it makes more sense to offer treatment to the substance abuse offender and monitor them in the community, also opening up more beds for the convicted, violent offenders.

Commissioner Pennington posed the question to Senator Kelly, how much of our decision to incarcerate someone, as opposed to providing treatment to that person is funding or public opinion misconception that offenders should be jailed? Senator Kelly acknowledged that stigma and public opinion is a problem however if advocated properly outlining the cost ratio between incarceration and treatment, public opinion can be changed.

## **Overview of Kids Now Substance Abuse and Pregnancy Initiative**

*Elisa Klein, Women's Substance Coordinator, Division of Substance Abuse*

### **Goals:**

- Reduce the incidence and harmful effects of prenatal substance abuse in Kentucky.
- Educate women and human service providers about the harmful effects of substance use during pregnancy and throughout life.
- Partner with other human service providers to better identify and intervene with pregnant substance-using women.
- Eliminate some of the many barriers pregnant substance-using women face when trying to get help.
- Oxycontin epidemic in certain regions is a challenge and those regions are enhancing their prevention programs.
- ❖ *See meeting handout for additional information*

Wanda Bolze, Regional Planning Council Representative, gave a summary of the Regional Planning Council's recommendations for increasing substance abuse treatment in Kentucky. The study, conducted among the 14 regional centers and their recommendations that were presented in July 2001, was reviewed. The Commission found that of the overall number of recommendations from the centers, a large portion were considered over-arching issues. Of the overall number, 42.5% were related to substance abuse and dual-diagnosis.

Wanda discussed the Green River Recovery Program that was initiated three years ago in the Lake Cumberland Region. This is a one of a kind program for women and their families. It was made possible through a Federal Grant for Substance Abuse Treatment. Since its inception, 160 women have been served. They are getting ready to add a childcare program, but the funding is running out. Other grants are being pursued but grant money alone will not fund this program. It has been very effective in treating women in the region with substance abuse problems. (*See meeting handout for additional information.*)

Secretary Morgan stressed the importance of the development of the Regional Planning Councils in implementing the “bottom up” approach. The Regional Planning Councils have been instrumental in providing valuable information on what services are needed in their regions and the challenges they face. Their input is invaluable for the future of what areas need to be addressed within the system. Without the consumers and providers at the table, the system would always be inadequate.

Senator Dan Kelly restated the importance of the councils when the legislators are addressing the General Assembly and are able to validate their ideas and proposals using information that has been compiled and brought to their attention from the various providers and consumers.

### **Kentucky ASAP: Update of The Treatment Taskforce**

*Todd Trumbore – Pathways, Inc.*

- KYASAP is responsible for reviewing the draft AOD Continuum of Care and propose changes as needed.
- Develop a proposal for “Kentucky Substance Abuse Treatment Best Practices”
- Review the proposal to establish an AOD Treatment Expert Panel.
- Develop a training/integration plan.
- Insure that treatment needs are readily available.
- An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person’s changing needs.
- There are currently no studies being done on adolescents.
- ❖ *See meeting handout for additional information*

Todd Trumbore stated that in Kentucky there are two tracts, Mental Health and Substance Abuse. Funding is an issue in this area because Medicaid provides funding to only one of these tracts. This is an example of where the funding streams need to be integrated so we can make sure that the folks who need care are served.

Secretary Morgan added that it is going to take more than just Medicaid coverage to integrate Mental Health and Substance Abuse and no one should get the impression that if Medicaid were able to provide coverage in treating Substance Abuse that all the problems in offering treatment would disappear. Senator Kelly suggested doing a pilot using Medicaid funding on women of childbearing age with substance abuse issues to get an idea of cost.

Commissioner Pennington added that when doing a pilot using Medicaid, it has to target a statewide population and not just one geographic area.

### **Overview of KTOS Report**

*Robert Walker – University of Kentucky*

- KTOS reporting is required by state law on each client admitted to a state-funded substance abuse treatment program.
- KTOS is a state-funded treatment outcome study that collects data on clients in all the state-funded treatment centers.
- KTOS is designed to examine the effects of treatment, but does not study any one particular intervention or type of treatment.
- The KTOS Study is currently used on adults but not on juveniles.

- For every \$1.00 spent on treatment, \$5.34 is saved.
- Kentucky has a higher rate of prescription drug abuse than other states.
- 65% of all clients studied used alcohol.
- ❖ *See meeting handout for additional information*

### **Overview of Prescription Drug Abuse in Kentucky**

*Lynda Congleton – Region 12 Planning Council Chair*

*Mayor Charles Beach, III – City of Beattyville*

- No long-term treatment options for adolescents addicted to Oxycontin in Kentucky.
- Oxycontin has escalated to an intravenous drug in Eastern Kentucky.
- Lack of education is a key contributor to the abuse of Oxycontin.
- Essential for everyone to work together, schools, community, parents, law enforcement and DEA.
- Biggest challenge is not having enough funding and treatment facilities available.
- Department of Transportation drug test does not include synthetic opiates.
- Some of the worst counties are not receiving any assistance. (drug courts, treatment funding, etc.)
- Increased number of deaths, ambulance runs and suicide in the area due to the addictions.
- A major contributing factor to the Oxycontin epidemic is the profit margin. The prescription cost for 100 tabs is \$300; retail on the street is \$100 per tablet, a total of \$9000.
- Evidence has shown that large quantities of Oxycontin are brought in from Mexico.
- Circuit court and overall court system has been detrimental in the fight because of lenient sentencing when it comes to dealers.

### **Next Meeting/Next Steps**

Workgroup reports from the Regional Planning Councils are due to the Commission by August 15, 2003.

With the sunset provision being lifted on the Commission, a quarterly meeting will be held. The first Tuesday of the month is the chosen day when applicable.

The next meeting of the HB 843 Commission will focus on the regional planning council reports. It will be held October 7, 2003 in Frankfort.

With no further business, the meeting was adjourned.